

Attachment 1

SPIL Planning Goals, Objectives, and Strategies

I. ADVOCACY (Public Policy Committee)

GOAL A: To support and promote an advocacy system that addresses IL issues

OBJECTIVE A1: To develop a comprehensive statewide advocacy training program by June 2005

- | | | |
|------|--|---------|
| A1.1 | Identify other organizations with advocacy training programs. | (01/05) |
| A1.2 | Analyze and organize other training program materials and techniques. | (03/05) |
| A1.3 | Partner with other SILC committees to develop leadership with emphasis on youth. | (06/05) |
| A1.4 | Explore collaborations with other training programs. | (09/05) |
| A1.5 | Design programs specific to IL philosophy for people with disabilities. | (12/05) |
| A1.6 | Develop a disability mock legislative training experience in collaboration with other partners | (03/06) |
| A1.7 | Conduct a disability mock legislative training experience. | (10/06) |

OBJECTIVE A2: To identify and prioritize key issues affecting IL by December 2004

- | | | |
|------|--|---------|
| A2.1 | Develop a plan for a biennial IL summit meeting. | (01/05) |
| A2.2 | Develop a consumer/stakeholder feedback system on key issues (needs assessment). | (01/05) |
| A2.3 | Implement feedback system to collect information. | (03/05) |
| A2.4 | Review and summarize feedback information. | (05/05) |
| A2.5 | Draft a written analysis of feedback information. | (06/05) |
| A2.6 | Incorporate key issues feedback information into summit agenda. | (07/05) |
| A2.7 | Coordinate IL summit for summer 2005. | (08/05) |
| A2.8 | Create and distribute the results to public policy makers. | (01/06) |
| A2.9 | Coordinate IL summit for summer 2007. | (08/07) |

OBJECTIVE A3: To develop and implement statewide communication systems.

- | | | |
|------|--|-----------|
| A3.1 | Identify editors of disability related newsletters for the purposes of disseminating information. | (01/05) |
| A3.2 | Support an advocacy listserv that would include, among others, CyberCil and AzDAC. | (01/06) |
| A3.3 | Collaborate with other organizations to identify IL leader(s) for each county/district in Arizona. | (10/05) |
| A3.4 | Support and promote communication training for county IL district leaders within their county/districts. | (03/06) |
| A3.5 | Support and promote the development of a telephone and e-mail tree for each county. | (06/06) |
| A3.6 | Support the redesign and distribution of the Disability Survival Manual. | (Ongoing) |

OBJECTIVE A4: To identify and recruit individuals and organizations to become part of the advocacy network.

- A4.1 Involve CIL representatives with SILC on public policy efforts. (01/05)
- A4.2 Identify and analyze CIL Associations in other states. (06/05)
- A4.3 Coordinate a meeting of CIL EDs to explore a CIL association in AZ. (09/05)
- A4.4 Identify and recruit IL individuals who can provide expertise for in-depth issue-specific training.
(Similar to Disability Speakers Bureau) (09/06)
- A4.5 Collaborate with county IL leaders to identify local disability organizations
to participate in advocacy networking. (03/06)
- A4.6 Support and promote advocacy through the SILC and CyberCil websites and links. (Ongoing)

II. TRAINING & EDUCATION (Community Collaboration Committee)

GOAL B: Advance collaborative efforts among disability organizations to address the training and education needs of all Arizonans regarding disability issues

OBJECTIVE B1: Develop and distribute a PCA tool kit to empower people with disabilities to direct their own attendant care by December 2005

- B1.1 Community assessment of current resources for unserved and underserved populations including
rural and Native Americans . (01/05)
- B1.2 Define what goes into the toolkit contingent upon what is assessed. (06/05)
- B1.3 Explore funding options for the tool kit. (09/05)
- B1.4 Create, market, and distribute the tool kit with focus on unserved and underserved populations. (03/06)
- B1.5 Explore how SILC website can be used for networking such as w/ Rehab Ctrs & CILS. (06/06)

OBJECTIVE B2: Assure that leaders representing all major disability populations are advising the SILC.

- B2.1 Coordinate a semi-annual meeting of current leaders in the disability communities and
make sure all categories are included in a resource pool. (03/06)
- B2.2 Collaborate with Public Policy Committee and Outreach Committee
to make the resource pool an influencing body for SILC. (09/07)

OBJECTIVE B3: Promote a multi-organizational event calendar.

- B3.1 Partner with AZDAC, AZTAP, and other disability organizations as needed. (09/05)

- B3.2 Develop the calendar and a contact database including web site/1-800 of CILS/Councils. (09/06)
- B3.3 Support and promote the use of the calendar. (09/07)
- B3.4 Support and promote the National Disability Mentoring Day. (Ongoing)

OBJECTIVE B4: Explore instituting disability awareness training in health care workers' education.

- B4.1 Identify areas where workshops and presentations can be held. (09/06)
- B4.2 Establish a Speakers Bureau of people with disabilities. (09/07)
- B4.3 Complete at least two presentations. (09/07)

III. OUTREACH (Outreach Committee)

GOAL C: Enhance and expand outreach to underserved and unserved populations.

OBJECTIVE C1: Encourage and mentor young people under the age of 30 to become leaders.

- C1.1 Identify components, materials, and training necessary for development of Youth Mentoring and Leadership Development Program. (06/05)
- C1.2 Work collaboratively with college Disability Resource Services to identify potential candidates. (10/05)
- C1.3 Support and promote the recruitment and training statewide of 20 peer mentors. (06/06)
- C1.4 Identify and match statewide 20 youth to participate in program using CILs and CyberCil. (09/06)
- C1.5 Recruit youth participant for inclusion on SILC (10/06)
- C1.6 Evaluate matches and repeat annually. (Ongoing)

OBJECTIVE C2: Identify populations for outreach efforts including rural areas, reservations, nursing homes and minorities

- C2.1 Review census figure and demographics of Arizona and IL providers to identify unserved and underserved populations, including minorities and those residing in rural areas, reservations, and nursing homes. (06/05)
- C2.2 Target three specific populations annually for outreach presentations and inclusion on SILC. (Ongoing)
- C2.3 Collaborate and advocate with organizations to improve quality of assistance to targeted populations. (09/05)

OBJECTIVE C3: Identify and implement methods to maximize outreach efforts

- C3.1 Review outreach efforts of other Councils. (03/05)
- C3.2 Review data collection at Arizona Department of Health Services. (03/05)
- C3.3 Collaborate in community events, complex/nursing home events, college DRS, doctors and

- | | |
|--|-----------|
| rehab offices, disability expos, legislative sessions. | (Ongoing) |
| C3.4 Collaborate with CILs' community integration programs, Indian Tribal Council of Arizona, and Institute for Human Development. | (09/05) |
| C3.5 Evaluate and revise current Outreach activities as needed. | (Ongoing) |

IV. CIL NETWORKING AND RESOURCES (CIL Networking and Resources Committee)

GOAL D: Continue expansion of CIL network and resources

OBJECTIVE D1: Support innovative development of new CILs.

- | | |
|--|---------|
| D1.1 Review and revise gaps in IL services by need and geographic areas. | (03/05) |
| D1.2 Support collaborations of existing CILs to develop branch offices where gaps are located. | (06/05) |
| D1.3 Identify and support expansion of current resources in areas where gaps are located. | (09/05) |
| D1.4 Research other states development of new CILs. | (01/06) |
| D1.5 Pursue enactment of State General Funds for IL services. | (01/07) |

OBJECTIVE D2: Revise service areas to reflect service capacity of each CIL to ensure statewide coverage.

- | | |
|--|--------|
| D2.1 Assess current capacity of each CIL. | (6/05) |
| D2.2 Construct a matrix of service areas by CIL. | (9/05) |

OBJECTIVE D3: Adjust existing funding distribution methodology.

- | | |
|---|---------|
| D3.1 Revise methodology to reflect population, geographic size and discretionary factors. | (10/04) |
| D3.2 Consider ramifications of funding a new CIL at a level not less than \$100,000. | (9/05) |

OBJECTIVE D4: Evaluate current SILC resources which support enhancement and expansion of IL programs.

- | | |
|--|-----------|
| D4.1 Support and promote expansion of funding for CyberCil. | (Ongoing) |
| D4.2 Revise and draft materials for a development (fundraising) purpose. | (3/05) |
| D4.3 Explore new strategies for development and a capitol campaign. | (9/05) |
| D4.4 Create timeline for short and long term development. | (10/05) |

Section 9: Information on Use of Part B, Chapter 1 Funds

Uses, objectives, and amounts of Part B, Chapter 1 funds supporting each purpose.

The Arizona SILC, in an agreement with the ARSA, allows \$133,442 of Part B funds to support the ILRS program to “provide IL services to individuals with significant disabilities” under b) below. ARSA, in return, replaces those funds in an equal amount with Title I Innovation and Expansion funds. Those Title I funds support in part the SILC’s operating expenses in the resource plan (SPIL Section 4), but because they are not Part B dollars, are not reflected in a) below.

(a) Fund the resource plan for SILC (SPIL Section 4). The total operating expense for the SILC is \$181,353. In addition to the Innovation and Expansion funds, the SILC reserves \$47,911 in Part B funds.

(b) Provide IL services to individuals with significant Disabilities. As shown above, the SILC has allocated \$133, 442 for this purpose.

(c) Demonstrate ways to expand and improve IL services. As described in Section 10: Outreach and Section 13: Network Design, the SILC will grant \$40,000 for up to three years for the development and expansion of CyberCil of Arizona, the virtual center for independent living.

(d) Support the general operation of CILs. As described in Section 10: Outreach and Section 13: Network Design, The SILC will grant \$9000 in FY 2005 for the creation of a CIL association.

(e) Support activities to increase capacity of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing IL services. The Executive Committee of the SILC will retain \$37,128 to support unanticipated, but worthwhile activities to increase the capacity of agencies and organizations, including the SILC itself, to develop innovative approaches and provide IL services. Funds will be granted only to organizations that demonstrate a commitment to IL principles and philosophy.

(f) Conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policy makers to enhance IL services. OBJECTIVE A2: To identify and prioritize key issues affecting IL by December 2004 calls for the development of “a consumer/stakeholder feedback system on key issues (needs assessment)” that will be conducted in conjunction with the biennial summit and used to facilitate discussions with policy makers. The \$7,600 set aside for this purpose may support needs assessment activities at the summit itself or sustain separate assessment activities, such as focus groups, surveys, polls, and/or reviews of existing demographic information. Funds will be granted only to organizations that demonstrate a commitment to IL principles and philosophy.

(g) Train individuals with significant disabilities, individuals providing services to individuals with significant disabilities, and other persons regarding IL philosophy. There are three projects funded under this purpose:

1. The SILC has allocated \$12,500 to conduct each biennial summit cited in A2 and described in Section 10: Outreach and

Section 14: Communication, Cooperation, and Coordination.

2. \$2000 annually has been set aside to update and distribute the *Disability Survival Manual* identified in Objective A3 and described in Extent and Scope – Other IL Services.
3. GOAL B: Advance collaborative efforts among disability organizations to address the training and education needs of all Arizonans regarding disability issues, necessitates funding for the PCA Toolkit. Section 10: Outreach describes how this project will meet the needs of all Arizonans, and especially American Indians.

(h) Provide outreach to unserved or underserved populations, including minority groups and urban and rural populations.

Section 10: Outreach, Section 11: Extent and Scope, Section 13: Network Design, and Section 14: Communication, Cooperation, and Coordination each describe efforts that have been and will be made to reach out to youth and develop leaders in Arizona. The SILC has allocated \$3,000 to expand mentoring and leadership development programs to rural communities and reservations. An additional \$3,000 annually has been set aside to conduct outreach activities in yet-to-be-identified communities, as specified in Goal C.

Section 10: Outreach

During the 2002-04 SPIL cycle, at least six methods for gathering data regarding outreach and programmatic needs in the state were used. It is anticipated that variations of four of the methods—review of state and provider demographics, focus groups, outreach meetings, and an IL Summit--will be used again during the 2005-07 cycle. The integration of new practices and systems with those that have been successful in the past should prove to be effective in determining the outreach needs of the state.

A careful review of the profile of the state's general demographics and comparison with the consumer demographics of IL providers indicates that, while individuals receive assistance without regard to age, race, disability or gender, there were significant gaps in service depending upon geography and the resources of different providers.

It was noted that, although 42% of the consumers currently receiving services at the CILs are members of ethnic minorities, a figure 17% above the state's general population, it is likely that the majority of all Arizonans will be Spanish-speaking before the end of the decade.

The SILC identified the following groups of individuals as underserved within the spectrum of IL services:

- Individuals who are deaf or hard of hearing and living outside Maricopa and Pima counties
- Individuals living on Indian Reservations
- Individuals under the age of 22
- Individuals residing in institutional settings
- Individuals residing in Cochise, Maricopa, Coconino, and Mohave counties

All four of the goals of the 2005 – 2007 SPIL include activities to spot unserved and underserved populations, spell out methods that ensure inclusion, further assess current needs of unserved and underserved populations in the state, and if necessary, identify and prioritize different groups, based on new information.

Goal A, which addresses advocacy issues, contains strategies that require partnering with other SILC committees to develop leadership with emphasis on youth and collaboration with other organizations to identify IL leader(s) for each county/district in Arizona. The SILC has set aside Title VII Part B funding for a biennial IL summit to be held in 2005 and 2007 that will be a tool for recruiting and training unserved and under served populations to become part of the advocacy network. A grant will be awarded to a consumer controlled, cross-disability non-profit organization to conduct the Summit.

Efforts will be made during the next SPIL cycle to enhance communication between providers within the Arizona IL network. Too often, excellent service and training programs provided in one county fail to be replicated in others. The SILC will address this underlying communication problem by granting Part B funds to a consumer controlled, cross disability organization for the development of a CIL association.

Goal B, which speaks to education and coordination of activities, requires an assessment of current resources for unserved and underserved populations including rural and American Indians prior to the development of a personal care toolkit. The toolkit, funded through a grant of Title VII Part B funds, will be awarded to a consumer controlled, cross-disability organization that appreciates the unique challenges of applying the IL philosophy to the American Indian culture.

Goal C, to enhance and expand outreach to underserved and unserved populations, has objectives to encourage and mentor young people, identify populations for outreach efforts, and implement methods to maximize outreach efforts. One of the strategies requires targeting three specific populations annually for outreach presentations and inclusion on SILC, and then collaborating and advocating with organizations to improve the quality of assistance given to targeted populations. The Youth Mentoring and Leadership Development Program will use Title VII Part B funds and be managed through a grant to a consumer controlled, cross-disability non-profit organization.

Goal D, to continue expansion of CIL network and resources, includes a strategy to support the development of satellites/branch offices where gaps are located. In addition, the goal contains a strategy to support and promote expansion of funding (see Network of CILs) for CyberCil, the virtual center for independent living that can provide assistance to many of these underserved and unserved individuals.

Section 11: Extent and Scope of IL Services

(1) Information and referral

The Centers for Independent Living (CIL) provide significant information and referral services within the communities that they serve, including: websites with information on independent living and disability topics; compilation and dissemination of information regarding CIL services and local community resources; responses to one-time callers/visitors; publishing newsletters and survival guides, and referral to community agencies and programs. Information and referral services are also always provided to those individuals for whom an independent living plan (ILP) is developed.

Assist! to Independence, using a matching grant from the Wallace Foundation, is creating a video on Independent Living using the Navajo language with English subtitles.

With support of Title VII C funding, SMILE provides information and referral to consumers and the community by incoming phone calls, walk-ins, providing brochures and pamphlets, responding to e-mails, making community presentations, and leaving brochures at other community agencies.

CyberCIL, Arizona's innovative Internet-based center for independent, makes resources and technical assistance available to Arizonan's who are unable to access standard brick and mortar centers.

The Statewide Independent Living Council (SILC) also sponsors Outreach workshops throughout the State each year to provide public information on independent living and to generate interest in disability issues and services.

The Arizona Rehabilitation Services Administration (ARSA) Independent Living Rehabilitation Services (ILRS) staff provide I&R services to individuals served within the ILRS program. Staff also make community presentations and provide information to local agencies and groups. ILRS staff in Phoenix and Flagstaff also provide information and referral as part of monthly peer support/peer mentoring groups. This service is provided through Title VII B funds.

For consumers of the ARSA Chapter 2 Older Individuals Who are Blind Program, the Directory for Services for persons who are blind or visually impaired is updated yearly by ARSA and provided to consumers through Tier II Orientation to Disability trainings, by individual requests, or through community service providers and agencies serving the blind or visually impaired. Chapter 2 Older Individuals Who are Blind funding is used to provide this service.

The Governor's Council on Spinal and Head Injuries (GCSHI) provides a variety of brochures, inserts, and information cards relating to spinal cord injury (SCI) and traumatic brain injury (TBI), covering a range of topics; including prevention of spinal cord injury secondary conditions, and identification of mild head trauma and subsequent symptoms. These I&R tools are targeted to consumers, medical and rehabilitation professionals. All brochures include current contact information for ARSA ILRS and Vocational Rehabilitation Programs. These services are funded by the Spinal and Head Injury Trust Fund.

The ARSA website (<http://www.de.state.az.us/rsa>) provides information on ARSA services and programs, in addition to links to other disability-related sites. The ILRS staff person updates information for ILRS.

(2) Independent living skills training

The CILs in Arizona provide training in independent living skills including: independent travel, home management, self care, cooking, money management, socialization, recreation, attendant care management and self advocacy both under contract to ARSA and with Part C grant funding and other funding.

Through Title VII C funding and fee-for-service agreements with ARSA, SMILE provides independent living skills training, primarily Orientation and Adjustment to Disability – rehabilitation training on Basic Computer Skills, Money Management, Home Management, Child Care, and Travel Training. IL Specialists assess consumers to see what services are needed and each service plan is adjusted to fit the needs of the consumer.

CyberCil provides a variety of training and self-evaluation opportunities for individuals wishing to access services on-line. At this juncture, services are geared to individuals capable of independently pursuing skills training, although a greater level of assistance will be available as SILC-directed funding increases during the next SPIL cycle.

The ARSA contracts for rehabilitation instructional services (RIS) with the CILs and other Community Rehabilitation Programs, and independent service providers for consumers of the Independent Living Rehabilitation Services (ILRS) program. State appropriated funds, Title VII B funds, and Spinal and Head Injury Trust Funds are used to provide these services.

Under the Chapter 2 Independent Living Services for Older Individuals Who are Blind Program, the ARSA employs and contracts with rehabilitation teachers for the blind, who provide these and other instructional services to individuals who are blind or visually impaired. Chapter 2 Independent Living Services for Older Individuals Who are Blind funds are used to provide these services.

(3) Peer counseling

CILs provide opportunities for individuals with significant disabilities to meet to discuss independent living issues, to solve problems, to share information, to provide each other encouragement and to teach self-advocacy and survival skills. CILs provide both peer counseling and peer mentoring programs. In addition, they train individuals with disabilities to be peer mentors.

ABIL, the CIL serving the greater Phoenix area, has initiated a successful early intervention program using a peer counseling approach to provide peer support to individuals who are newly injured. ABIL's volunteer-driven Peer Mentoring program, funded through Title VII Part C, has been recognized nationally as one of the best—if not THE best—peer mentoring programs in the country. On average, the program utilizes 52 volunteer peer mentors who are matched with 101 consumers.

Direct conducts groups that are related to disability issues including a new domestic violence support group.

Reaching out to Native Americans in previously unserved segments of the Reservation, Assist! is offering support groups in Kayenta and Fort Defiance.

With support through United Way of Yuma County, Title VII C funds, and other sources of temporary community support SMILE currently has 3 Peer Support Groups running. These support groups allow the consumers to meet weekly or once a month to discuss issues surrounding their specific disability, share information and resources, and to support each other.

ARSA ILRS counselors staff cross disability peer support groups in both the west and east metropolitan Phoenix area. These groups serve 30 to 50 individuals monthly via group meetings, advocacy networks and peer mentoring groups. Social Security Reimbursement funds, state appropriated funding and private donations fund these services.

The Governor's Council on Spinal and Head Injuries contracts with the Arizona Spinal Cord Injury Association (ASCIA) and the Arizona Brain Injury Association (AzBIA) to provide peer support groups in Maricopa, Yuma, and Yavapai counties. These services are funded through the Spinal and Head Injury Trust Fund.

(4) Individual and systems advocacy

CILs teach individual advocacy skills both formally and through peer mentoring programs. System advocacy is done through workshops, technical assistance to agencies and groups, legislative reviews and monitoring, media events, etc. The CILs work with People First of AZ (PFaZ), the Arizona Long Term Care System (ALTCS), the Institute for Human Development/Northern Arizona University, Alliance for Retired Americans, AZ Citizen Action, the Arizona Rehabilitation Services Administration (ARSA), *Raising Special Kids*, Arizona Legislative Task Force on Welfare Reform, AZ Disability Advocacy Coalition (AZDAC), Arizona Coalition for Family Support, Self-Determination and Disability, and the Area Agency on Aging on systems advocacy projects. CILs have a strong focus on involving consumers/peer mentors as experts in system change and community advocacy.

Using Title VII C funds, Social Security BPAO and ARSA grants, SMILE provides individual advocacy to consumers. The centerpiece of SMILE's systems advocacy program is assistance to community members and other agencies through a variety of activities, including monitoring the legislative activity. SMILE works on a daily basis with consumers, community members, and the peer mentors to involve them in community advocacy, system change, and self-advocacy.

ABIL continues to provide extensive individual and systems advocacy on a variety of issues in Arizona. The center's programs and efforts include among others:

- The *This is My Life Program* that promotes self-advocacy
- The maintenance of their *Empower!* Listserve to promote community-based options for personal assistance

- Leadership to successfully protect Arizona's healthcare programs during the current fiscal crisis
- Promotion of legislation to control costs of prescription drugs
- Advocating for Arizona to apply for a Medicaid infrastructure grant
- Implementation and outreach of the AZ Loans for Assistive Technology (AzLAP) program
- Development of a handout on the Medicaid Buy-in that is used in the community to promote the program
- Coordination with the State VR Agency to increase participation with the One-Stops
- Provision of testimony and technical input on Ticket to Work
- Offering a minimum of two advocacy information/skills training workshops each month

The ARSA ILRS staff provide advocacy for consumers as part of their counseling responsibilities. ARSA staff works with the Arizona Long Term Care Services (ALTCS), insurance carriers and other community providers to advocate for consumers to ensure that they receive all of the services to which they are entitled and to expand coverage for services such as home modifications and durable medical equipment. Title VII Part B funding, and state appropriated funds provide these services.

Extent and Scope – Other IL Services

Counseling services, including psychological, psychotherapeutic, and related services;

Both Arizona Rehabilitation Services Administration (ARSA) and Centers for Independent Living (CILs) provide counseling services when necessary to help an individual achieve greater independence in the family or community in the areas of self-care, communication, mobility, or living more independently.

In addition to its peer counseling and volunteer peer mentoring programs, ABIL provides a variety of program-specific counseling alternatives, including Social Security Work Incentives Counseling, employer benefits counseling, Medicare benefits volunteer counseling, and AZ Freedom to Work benefits counseling.

DIRECT provides individual, group and support groups (domestic violence, brain injury) teaches peer mentoring skills, and promotes peer mentoring projects in the nursing homes.

Professional counseling services are purchased by ARSA only in special need situations. Such services are used to assist an individual in adjusting to disability or to achieve IL goals. ARSA policies for the provision of this service include the following proviso: ARSA provides treatment geared toward the reduction or resolution of issues related to disability and resulting functional limitations within a reasonable period of time. This service is not intended to provide long term mental health treatment.

Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities);

ABIL provides home modifications through contracts with the cities of Phoenix, Tempe, Glendale, Peoria,

ASSIST! received funding from the Navajo Nation Trust Fund for three years beginning in December 1999. The funding cycle ended in November 2002. Additional funding for home modifications comes from their fee for service program and Title VII Part B funds. ASSIST! recently received a \$100,000 grant from the Department of Labor (DOL), Office of Disability Employment Policy, for home modifications. Six programs nationally were awarded funding. ASSIST's service area is the Navajo Nation and the Hopi Reservation and the project name is "hooghan haadlineeh".

In addition to providing home modifications, a portion of the grant money will be used to develop a reservation-specific guidebook and resource for making reservation housing and communities accessible for people with disabilities.

DIRECT chairs the annual Affordable Housing Conference and is in the process of developing a home access modifications/self advocacy manual. They also secured a DOL grant in Cochise County for a home modifications program.

The ILRS, Navajo OSERS Independent Living Program, ABIL, DIRECT, SMILE, and ASSIST! To Independence jointly assist consumers in modifying their homes in order to maintain independence at home (barrier removal). ARSA and the CILS also assist persons with disabilities to find adequate housing and to provide advocacy when necessary. The advocacy includes training of consumers in fair housing rights.

ARSA's policies are that this service may be provided only when economic need has been established and only as a rehabilitative service necessary to reach a pre-identified goal of achieving greater independence in the family or community in the areas of self-care, communication, mobility, or living more independently

Rehabilitation technology;

The CILs include information and access to technology as a strong component in their information and referral services to the public. Training in the use of this technology is often included in ILP independent living skills training.

ASSIST! is a regional resource center for assistive technology funded through the Arizona Technology Assistance Project (AzTAP). ASSIST's assistive technology program director is a nationally certified assistive technology practitioner and environmental access consultant and contractor. Services include assessments and evaluations, equipment loans, information and referral, training and technical assistance.

In addition, ASSIST! has a collaborative agreement with Tuba City Regional Health Care Corporation, which allows ASSIST! to provide comprehensive multidisciplinary team assessments through functional clinics. ASSIST! is also a registered provider for durable medical equipment through AHCCCS, Medicare, Tri-care, and Blue Cross/Blue Shield. ASSIST! is a member of the Navajo Nation Assistive Technology Consortium (Navajo-able), which is working to expand access to technology across the nation, and sponsors an assistive technology conference on the reservation each year.

ABIL was central to the development and continued management of the Arizona Loans for Assistive Technology (AZLAT) program.

The ARSA provides rehabilitation technology information and referral services to its consumers. The staff person charged with coordinating and supporting rehabilitation technology efforts and expanding services in this area for both the VR and ILRS programs works closely with the AzTAP. ARSA also purchases assistive technology goods and services. Policies restrict the amount and cost of rehabilitation technology services that can be provided as follows: ARSA provides electronic or mechanical equipment or hardware to improve or substitute for one or more of a person's senses or for impaired mobility or motor coordination. Included services are: computer adaptations (software and hardware), decoders, other assistive listening devices, signaling devices, and telecommunication devices (modems, speech synthesizers) and industrial style respirators/air filters. These services are provided only when economic need has been established. Agency financial participation is limited because of budget limitations, to make Program services available to a wide range of clients and to ensure maximum participation by clients in their own rehabilitation.

Mobility training;

The CILs provide training in independent travel. This includes map reading, bus travel, information and referral services, etc. Independent travel is part of the independent living skills training. This service may be provided by peer mentors or by IL Skills Trainers for all individuals, with the exception of those individuals who are blind and visually impaired.

ASSIST! has a board member who is a certified mobility instructor, and coordinates services with her when appropriate.

The ARSA is a direct provider of orientation and mobility training for individuals who are blind/visually impaired. ARSA also purchases this service from community providers. Orientation & Mobility (O&M) instructors must be certified and meet specific educational and experiential requirements.

Navajo OSERS also provides orientation and mobility services to its blind and visually impaired consumers via staff and contractors.

Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services;

The ARSA purchases rehabilitation instructional services for individuals with cognitive and sensory disabilities. Training may be provided in alternative and adapted communication. This training includes training in Braille and American Sign Language. Interpreter and reader services are made available only as a support while the individual is involved in other rehabilitation services.

Personal assistance services, including attendant care and the training of personnel providing such services;

Personal assistance services are recognized by the centers as a primary service that promotes community living. The level of service varies from center to center, depending upon the availability of federal and state funds to support programs in their communities. Depending upon the accessibility of funds, the CILs are involved in training personal assistants, in training consumers to manage personal assistants, and in referral and matching services. ASSIST!, for instance, is a registered provider for home based community services through AHCCCS. With funding through Arizona Long Term Care Services (ALTCS), ABIL offers a comprehensive, consumer directed personal assistance program. ABIL employs 800 personal assistants throughout the Valley. DIRECT teaches consumers how to hire, train and terminate employment with PAS. New Horizons and SMILE partner with community agencies to meet consumers needs when request for PAS arise.

The ARSA does not train personal assistants but it does provide instruction for consumers on how to manage personal assistants, by means of provider contracts. ARSA does assist individuals in paying for PAS services during a rehabilitation program and/or provide information and referral services to consumers who need PAS. ARSA policies include, in part, the following; paid personal assistance services are support services. The ILRS Program will contribute to the cost of these services only as necessary to permit a client to be engaged in other ILRS services. Because of the unique relationship between a disabled individual and his/her attendant, it is allowable to pay the client for the cost of the personal assistance services. If the payment is made to the client, it is his/her responsibility to obtain a billing statement and to forward the same to the counselor for documentation purposes. Personal assistance services while a client is in travel status will be provided as necessary. Besides payment of attendant care services, the counselor may also provide for the attendant's per diem expenses. Whenever possible, alternative arrangements must be made to avoid these expenses.

Surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services;

The CILs do surveys, provide directories and identify appropriate housing, recreation opportunities, accessible transportation and other support services as part of their information and referral and outreach activities as well as their ILP services. Directories are generally available online as well as in printed format.

ABIL has created a number of manuals, including the Disability Survival Manual designed to orient newly- disabled persons to their communities, their families and friends, and themselves. The SILC, using Title VII Part B, will grant funds each year during this SPIL cycle to upgrade the Disability Survival Manual.

New Horizons ILC publishes a Northern Arizona Resource Directory, available in print or online.

ARSA provides consumers with information and referrals to these services as part of their counseling responsibilities.

The ARSA Directory for the Blind and Visually Impaired is updated annually by the Independent Living for Arizona Title VII Chapter 2 Independent Living Services for Older Individuals Who are Blind Project Director, and widely distributed in print format.

Consumer information programs on rehabilitation and independent living services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act;

The ARSA, CILs and the SILC all provide consumer information about the programs and services available under this Act. This is done through the use of brochures, forums, and targeted outreach activities. All materials are available in alternative format updated annually, and ARSA also provides a comprehensive list of national and local links on its Website, as do the other CILs and ARSA.

DIRECT provides workshops and training sessions on a variety of topics for consumers, professionals and the general public to facilitate independent living and full inclusion of persons with disabilities in the community. DIRECT provides education and outreach in Southeastern Arizona.

ABIL has a Native American Advisory Committee and continues to look for opportunities to outreach, hire and serve individuals with disabilities who are also members of minority groups. ABIL has also been involved in rural/minority outreach in Northern and Central Arizona.

New Horizons Independent Living Center conducts outreach to Native Americans in Northern Arizona not residing on the reservations.

The SILC conducts forums throughout the State to gather consumer input and comment on IL services and programs. Additionally, the SILC has taken responsibility to plan and conduct outreach forums in rural areas and to other individuals with disabilities who have been traditionally unserved or underserved by programs under the Act.

Education and training necessary for living in the community and participating in community activities;

(See discussion of Independent Living Skills Training)

Transportation, including referral and assistance for such transportation;

The CILs provide referral assistance to meet the transportation needs of individuals with significant disabilities. They also bring services to many rural areas to make up for the lack of resources in those communities and lack of adequate transportation services. The CILs have active agendas relating to transportation advocacy issues.

ASSIST! is a registered provider of transportation through AHCCCS.

DIRECT co-sponsors a monthly bus operators training to teach consumers and operators about the rights and responsibilities under the ADA. IN addition, they have a barrier identification and removal program.

The ARSA provides transportation assistance when necessary to assist a consumer to receive other IL services and when the consumer cannot afford to pay for such transportation him/herself. The ARSA will also sometimes pay a provider's cost to bring IL services to the consumer when it can be shown that this is the more cost effective approach, since transportation services in rural areas are often not available. ARSA often finds it is more feasible to pay the provider's travel expenses in order to bring the service to the consumer rather than the other way around.

Therapeutic treatment;

The ARSA purchases/provides the following services:

Physical Therapy services are provided by ARSA only when economic need has been established, when there are no other comparable resources available and only as a rehabilitative service necessary to reach a pre-identified goal of achieving greater independence in the family or community in the areas of self-care, mobility, or living more independently (not as part of a medical treatment program).

Occupational Therapy services are provided by ARSA only when economic need has been established, when there are no other comparable resources available and only as a rehabilitative service necessary to reach a pre-identified goal of achieving greater independence in the family or community in the areas of self-care, mobility, or living more independently (not as part of a medical treatment program).

Speech Therapy services are provided by ARSA only when economic need has been established, when there are no other comparable resources available and only as a rehabilitative service necessary to reach a pre-identified goal of achieving greater independence in the family or community in the areas of communication or living more independently (not as part of a medical treatment program).

Cognitive Remediation and Brain Injury Rehabilitation are provided by ARSA to individuals with traumatic brain injury (TBI) when there are no other comparable benefits available. These services are provided as part of an ILP and as rehabilitation services which assist the individual to achieve greater independence in the family or community in the areas of communication, independent living skills or self care (not as part of a medical treatment program).

Provision of needed prostheses and other appliances and devices;

The ARSA provides or fabricates aids or devices that assist persons in performing normal living skills (and any necessary installation, fitting, and follow-up adjustment and training). This service is provided only as a rehabilitative service necessary to reach a pre-identified goal of achieving greater independence in the family or community in the areas of self-care, communication, mobility, or living more independently (not as part of a medical treatment program). These services may be provided only when economic need has been established and when these services are not otherwise available: e.g. through AHCCCS/ALTCS. Agency financial participation is limited because of budget limitations, to make program services available to a wide range of consumers and to ensure maximum participation by consumers in their own rehabilitation.

Individual and group social and recreational services;

The CILs all provide opportunities for both individual and group social and recreational activities.

ABIL offers a wide range of social and recreational activities through its Community Integration Program. These include real world experiences with a variety of sports and cultural opportunities.

ARSA provides referral for social and recreational services.

Services for children with significant disabilities;

ASSIST! has a sensory integration program for children with sensory integrative dysfunction.

ABIL has a number of youth-oriented programs, including Empowering Youth with Disabilities, This is my Life, and the Youth Leadership Forum.

Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities;

The CILs receive a variety of other funding (such as donations, other federal funds such as SSBG, Community Development Block Grants, local and state funding, etc.) to provide goods and services.

ABIL receives City of Phoenix, City of Glendale and City of Mesa Community Development Block Grants (CDBG) program monies to pay for home modifications. ABIL also provides ADA technical assistance with emphasis on rural areas of the state under sub-contract with the Pacific Disability Technical Assistance Center. The Valley of the Sun Targeted Care Grant permits ABIL to expand the peer mentoring program to include early intervention in medical rehabilitation of newly disabled individuals.

They also have received a Robert Wood Johnson Grant, in conjunction with the Governor's Council on Developmental Disabilities and Pilot Parents, to develop advocacy programs for individuals with developmental disabilities.

DIRECT provides ADA technical assistance under sub-contract with the Pacific Disability Technical Assistance Center. With funds from the City of Tucson Community Development Block Grant programs, DIRECT funds a Home Access program and home adaptation services. United Way funding supports DIRECT IL programs.

The Services Maximizing Independent Living & Empowerment (SMILE) Independent Living Center, provides a variety of services and programs for Independent Living. SMILE receives Title VII Part C funding, and is an AzTEPD regional technology site. SMILE also provides home modification services through a CDBG from City of Yuma. SMILE contracts with the ARSA to provide core IL services and services for Arizona Title VII Chapter 2 Independent Living Services for Older Individuals Who are Blind individuals in Yuma, Arizona.

The ARSA uses additional funds to provide additional services. Title I funds are used to provide resources and other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities. ARSA funds the SILC Resource Plan (SPIL Attachment 2) with Title I funds. ARSA also contracts with Community Information and Referral to fund the Disability Help Line of Arizona, an information and referral service to provide disability specific information to the general public as well as persons with disabilities.

The Governor's Council responsible for management of the Spinal and Head Injuries Trust Fund allocates a portion of the Trust Fund monies to the ARSA to provide Independent Living Rehabilitation Services (ILRS) for individuals who desire to achieve independent living rehabilitation goals and need assistance to achieve these goals. Services to this population are provided consistent with the information contained in this SPIL. The Governor's Council on Spinal and Head Injuries also provides funding for vocational rehabilitation services for individuals with TBI statewide, through a special project with ARSA. Trust Fund monies are also used for prevention and education services in the area of preventing head and spinal cord injuries and lessening the impact of these injuries through early identification, intervention, and treatment.

The Department of Economic Security (DES) assigns responsibility for management of those Social Service Block Grants (SSBG) monies, which are designated to meet the independent living rehabilitation needs of individuals with disabilities. Services are provided consistent both with this SPIL and the specific service intents designated for these funds in the SSBG State Plan.

ARSA receives appropriations from the State General Fund to provide independent living rehabilitation services. A portion of these monies is used as "in-kind" state match for the Title VII, Part B grant. Services provided with these monies are as described in this SPIL. The State appropriates some monies to provide eye care services (i.e. eye exams and glasses) to adults who cannot purchase these services for themselves. These services are not available through AHCCCS (Title XIX).

Community awareness programs to enhance the understanding and integration into society of individuals with disabilities.

Utilizing United Way funds, DIRECT offers self-sufficiency/return to work programs, created a Youth Advisory Board school outreach program, and sponsors an annual Transition Fair.

ABIL's Reintegration program assists young adults in gaining confidence, knowledge and resources needed to move out of the nursing home setting.

The SILC, CILs and ARSA all have as their major mission and goal an enhanced understanding and integration into society of individuals with disabilities. Community awareness activities are varied and unique to individual circumstances. The SILC has created an informational video to be used in outreach activities, and updates its brochures and informational materials as needed.

Section 13: Statewide Network of Centers for Independent Living (CILs)

Arizona currently has five Centers for Independent Living (CILs) that provide a range of independent living services. The CILs are:

- **Arizona Bridge to Independent Living (ABIL)**, located in Phoenix, Arizona and serving Maricopa, Pinal, and Gila counties.
- **DIRECT Independent Living Center**, located in Tucson Arizona and serving Pima, Graham, Cochise, Santa Cruz, and Greenlee counties.
- **Services Maximizing Independent Living Empowerment (SMILE)**, located in Yuma, Arizona and serving Yuma and La Paz counties.
- **New Horizons Independent Living Center**, located in Prescott Valley, Arizona and serving Yavapi and Mohave counties, as well as the non-reservation segments of Coconino, Navajo, and Apache counties.
- **Assist! To Independence**, located in Tuba City, Arizona and serving the reservations in Coconino, Navajo, and Apache counties.

As a statewide council within a largely rural state, the Arizona SILC continues to develop ways to make IL services and information accessible to residents of even the most remote regions of the State. Residents of most of these communities have access to very few providers, little or no accessible public transportation, and under-funded service delivery systems.

The Arizona SILC will continue to take steps to identify gaps in service provision, identify communities and community leaders invested in growing the CIL network, and prepare advocates to overcome challenges to opening new centers. Among these are:

- Needs Assessment. Objectives D1 and D2 contain strategies that specifically call for an ongoing analysis of gaps and the capacity of each center to meet the area's needs.
- Technical Assistance. In 2003, using Part B funds directed by the SILC, ABIL developed the manual *Promoting Independence in the Grand Canyon State*, a resource for individuals interested in developing independent living programs and centers for independent living in Arizona and throughout the United States. It can also serve as a training tool for new employees at CILs or as a basic text for consumers and others wishing to learn more about independent living.
- Network Enhancement. While the goal of the SILC is to continue to expand the network of CILs statewide, the Council recognizes that the size and isolation of most rural communities in Arizona make the establishment of traditional centers impractical. Objective D4 calls for the continued expansion of CyberCil of Arizona, the innovative virtual center for independent living. Located at www.cybercil.com, the center offers access to the core services and other ancillary services for those individuals who cannot or chose not to use a traditional CIL. Supported by staff at the other centers, CyberCil will utilize a three-year Part B grant to hire a part time executive director, install a consumer information system, and conduct resource development activities to wean away from Part B.
- Center Development. The SILC feels strongly that communities are best served by centers that have sturdy philosophical, programmatic, and financial underpinnings. The SILC has set a minimum base funding level of \$250,000. Recognizing that centers in the larger metropolitan areas have greater fiscal needs than those in outlying areas, the SILC supports continuing to divide new funds among all of the centers using the formula developed in this SPIL until all reach \$250,000.

It has also been determined that, when the \$250,000 threshold is reached, the preferred method for developing new centers in the future will entail the creation of satellite offices with existing centers overseeing development for the first three years. A minimum of \$100,000 will be needed for new satellites.

In order to strengthen the CIL network, the SILC has adopted Objective A4 to create a CIL association. This alliance will be able to not only advocate on behalf of IL issues, but also enhance opportunities for training and resource development.

- Community Involvement. During the last SPIL cycle, the SILC began to identify criteria for the creation of a new center or satellite office. That criteria included:
 1. An expressed desire by members of the community to have a CIL in their community. This expression often came about as a result of outreach efforts of the SILC. Occasionally, consumers stepped forward during presentations by the SILC Outreach Committee. At other times, the interest was raised to SILC members or center staff.
 2. A continuous commitment by advocates in the community to create a CIL. As a result of the initial expression of interest, the SILC will arrange an outreach meeting or assure that there is follow-up from the CIL with responsibility for that part of the state. Both ASSIST! and New Horizons began as the result of continued interest on the part of a few dedicated individuals with disabilities. In 2003, Arizona, Nevada, and California held a series of tri-state meetings to gage whether there was sufficient interest to start a center in Bullhead City, which is

across the Colorado River from Laughlin, Nevada, and Needles, California. While there appeared to be some need for a tri-state center, there was not enough consistent interest at this point in time on the part of consumers to invest in a center.

Advocates in Sierra Vista, Mesa, and Glendale, and Flagstaff, Arizona continue to express interest in creating a center in their communities.

3. A demonstrated ability to create and manage a CIL. There must be an adequate number of interested and qualified people with disabilities to staff and administer the proposed center. The SILC recognizes that there is a significant difference between expressing an interest in a center and actually being able to develop, staff, and administer one. It makes sense, therefore, to utilize the model successfully followed in Arizona and other states of creating a satellite of an existing center and eventually spinning it off to become a free-standing CIL.

Method for Allocating New Title VII, Part C, Funds to Arizona's Centers for Independent Living:

The Arizona SILC has adopted a three-pronged funding formula that not only takes into consideration population and geographic size, but also allows for SILC discretion based upon local groups/community needs/interests, financial needs/community resources, the CIL's existing share of Title VII Part C funding, and under/unserved areas

This methodology will be used for all new Title VII, Part C funding made available to Arizona beginning fiscal year 2005 (i.e. October 1, 2004 to September 31, 2005).

ALLOCATION PERCENTAGES	ABIL	DIRECT	NEW HORIZONS	SMILE	ASSIST	TOTAL	ALLOCATION METHOD
Population	64.4%	20.3%	9.5%	3.5%	2.3%	100.0%	Descriptive Statistic
Geographic Size	17.0%	20.3%	36.4%	8.8%	17.5%	100.0%	Descriptive Statistic
SILC Discretionary Allocation	0.0%	0.0%	45.0%*	55.0%*	0.0%	100.0%	SILC Discretion

(*The SILC discretionary allocation %-ages are for example only.)

Each year when Title VII Part C funds are available, the SILC will assign allocation percentages to population, geographic size, and the SILC discretionary allocation totaling 100%. The SILC will also determine how the funds set aside for the SILC discretionary allocation are divided among one or more of the centers.

Using the above criteria, new centers/satellites will be developed in the following order:

1. Sierra Vista (Cochise County)
2. Mesa (Maricopa County)

3. Glendale (Maricopa County)
4. Flagstaff (Coconino County)
5. Kingman/Bullhead City (Mohave)

Section 14: Communication, Cooperation, and Coordination

Cooperation, Coordination, And Working Relationships Among Various Entities

The SILC, the CILs and ILRS continue to communicate and network with public and private systems to address independent living concerns of Arizonans with disabilities. Through a variety of collaborative activities, the CIL, SILC and ARSA directors and staffs work together to identify areas of need, address problems, and develop solutions.

During the previous SPIL cycle, the SILC coordinated with ARSA to establish itself as a nonprofit 501c (3) entity. ARSA helped facilitate communication between the SILC and state government, including the Governor's and the Attorney General's offices, to assist SILC to achieve its goal of autonomy.

The SILC and ARSA will continue to cooperate and communicate as the SILC puts into effect its fiscal policies--developing, adopting and controlling its own budget. Likewise, the SILC will discontinue using ARSA staff and begin supervising and evaluating their own employees.

The SILC and ARSA developed an agreement to assure that the SILC Resource Plan remains fully funded while directing Title VII Part B funds to the ILRS program for the purchase of equipment and services.

Replacing Part B with Title I Innovation and Expansion funds will make it possible to fulfill the goals set out in this SPIL. The SILC and ARSA will continue to modernize funding streams as the SILC begins entering into these grants.

The SILC, CILs, and ARSA will collaborate on a number of objectives designed to assess needs and identify gaps in services and populations served. Objective B1 calls for an assessment of need for individuals in rural communities and reservations. Objective A2 is an attempt to identify key systemic issues by working with stakeholders from outlying communities. Objective C2 requires a review of census figure and demographics of Arizona and IL providers to identify unserved and underserved populations, including minorities and those residing in rural areas, reservations, and nursing homes. This means that the SILC and its partners will need to further enhance its alliances with tribal councils, 121 programs, and local councils of government, and the Arizona Long Term Care System (ALTCS).

Prior to the 2002-04 SPIL, The Arizona SILC conducted an intensive review and analysis of IL resources available to Arizonans with disabilities. In the course of completing the study, the SILC developed working relationships with the AZ Spinal and Head Injury Trust, ALTCS, the Disability Resource Center at each of the three Universities, the Arizona Division of Developmental

Disabilities, the Arizona Adult and Aging Administration, AzTAP and the Governor's Council on Blind and Visually Impaired. In the course of the analysis, the SILC not only gained a better understanding of funding, but also was able to identify key gaps in service statewide.

During the 2005-07 SPIL cycle, the SILC will attempt to replicate and expand the study and renew partnerships with other providers in the IL network.

In 2003, the SILC co-sponsored with the CILs the first statewide IL summit. The purpose of this first meeting was to not only strengthen the bond between the SILC, CILs, and the state agency, but also to educate participants on issues of importance to the disability community and assess the needs of Arizonans with disabilities.

In addition to improving communication among the IL advocates, the summit addressed such topics as rural, mental health, and reintegration services. A significant portion of the summit was devoted to identifying additional methods to strengthen IL programs in Arizona.

As a result of the summit and input received from the focus groups and other outreach efforts, the SILC has included objectives in the 2005-07 SPIL (described in more detail in other SPIL attachments) that address services in rural areas and the reservations, the development of a CIL association, a commitment to biennial summits, and a pledge to expand our youth leadership and mentoring projects.

The SILC also created in 2003 a video and companion manual entitled "Disability Support Organizations in Arizona" that provides information on a variety of disability programs within the IL network. Partners in the project include The SILC, the CILs, CyberCil, ARSA, the Governor's Council on Blind and Visually Impaired (GCBVI), the Arizona Council on Deaf and Hard of Hearing (ACDHH), the DD Council, the Governor's Council on Spinal and Head Injury (GCSHI), the Arizona office on the ADA, the State Rehab Council, the Arizona Council on Disability Law, the Mental Health Alliance, and the Arizona Technical Assistance Program (AzTAP).

The SILC is leading a planning committee with police, fire, and emergency technicians to assure that there is adequate disaster preparedness for Arizonans with disabilities.

The SILC sent representatives to the Community Emergency Response Team (CERT) to share the disability perspective in statewide emergency planning.

The CILs partner with a variety of state and local, public and private entities in addition to the SILC and ARSA, to advocate for IL issues, identify unmet needs, grapple with budgetary reductions, and avoid unnecessary duplications in services. Among those organizations are United Way of Yuma County, the Tuba City Regional Health Care Corporation, People First of AZ (PFaZ), the Arizona Long Term Care System (ALTCS), the Institute for Human Development/Northern Arizona University, Alliance for Retired Americans, AZ Citizen Action, the Arizona Rehabilitation Services Administration (ARSA), *Raising Special*

Kids, Arizona Legislative Task Force on Welfare Reform, AZ Disability Advocacy Coalition (AZDAC), Arizona Coalition for Family Support, Self-Determination and Disability, and the Area Agency on Aging.

Within the center network itself, there are a number of examples of intra-center network cooperation. ABIL, for instance, is the lead agency coordinating the Benefits, Planning, Assistance and Outreach Project. Four of the centers are partners in the Project, which has been recognized by the Social Security Administration as one of the top programs in the country. SMILE provides one of its employees to facilitate cross-cultural relations to Native Communities for ABIL, DIRECT, and New Horizons.

The ARSA collects internal IL service delivery data and client satisfaction data in order to streamline processes and make more efficient use of limited IL resources. The ILRS program continues to develop workgroups representing a variety of disability groups, providers of services, and CILs to develop creative approaches to enhance IL services. Training for ILRS staff is funded under the RSA State In-Service Training Grant, Spinal and Head Injury funds, and through a variety of inter-service agreements. The ARSA training plan includes sessions that support the purposes outlined in Section 1 of the Act and enhance staff skill levels.

The ARSA supports the operation of the CILs through fee for service contracts with the ARSA, in addition to support of activities to increase capacities of public and nonprofit agencies and organizations and other entities through the use of Social Service Block Grant (SSBG) monies and state appropriations under fee for service agreements. In addition, ARSA staff participates in a number of interagency taskforces, working to develop comprehensive approaches or systems for providing IL services. These include transition teams, teams working to expand expenditures through the Arizona Long Term Care Services (ALTCS) program, part of the Arizona Health Cost Containment Services (AHCCCS), Arizona's Medicaid program.

Attachment 2

SILC Projected Budget - 2004/2007

3 Year Totals

	2004/05	2005/06	2006/07
Income			
<i>RSA Reimbursements</i>	<i>297,581</i>	<i>297,581</i>	<i>297,581</i>
Expense			
Salaries + ERE	109551	114964	120482
Payroll Cost	3000	3400	3800
<i>Administrative</i>	<i>112,551</i>	<i>118,364</i>	<i>124,282</i>
Operating			
Postage	350	400	400
Dues and Subscriptions	150	300	300
Advertising	750	500	500
Banking	100	131	150
Office Supplies	1000	800	750
Rent	29,075	30,000	31,000
Equipment	500	600	600
Printing/Reproduction/Copier	4,000	4,600	4,800
Telephone	3,200	3,200	3,600
Professional Fees			
Web Page	500	900	500
Accounting/Auditing	9,000	9,000	10,000
Legal	1000	1000	1000
Insurance			
Disability, Liability, Property	1,200	1,300	1,500
Directors/Officers	1,300	1,400	1,500
Staff			
Development/Training	500	750	675
Travel	2,500	3,000	3,500
<i>Total Operating Costs</i>	<i>55,125</i>	<i>57,881</i>	<i>60,775</i>

	<i>2004/05</i>	<i>2005/06</i>	<i>2006/07</i>
Council Member Support			
Dues and Subscriptions	500	500	400
Contract Labor	0	300	100
Meetings Rooms/Conference Calls	4,000	4,000	4,250
Council Member Trainings	500	500	500
Travel	5,000	5,100	5,500
Accommodations	3,500	3,600	3,750
Total Council Member Support	13500	14000	14500
Special Projects			
Executive Committee	37,005	19,936	22,424
Public Policy Committee	32,500	27,000	24,000
Community Collaboration Committee	3,000	11,000	3,000
Outreach Committee	2,500	8,000	6,000
CILs Networking and Resource Committee	41,100	41,100	42,300
Nominating/Membership Committee	300	300	300
Total Special Projects	116,405	107,336	98,024
Administrative	112,551	118,364	124,282
Operating	55,125	57,881	60,775
Council Member Support	13,500	14,000	14,500
Special Projects	116,405	107,336	98,024
Total Expenses	297,581	297,581	297,581

Attachment 3

EVALUATION PLAN

Overview

The SILC will monitor, review and evaluate the effectiveness of the State Plan for Independent Living (SPIL) in meeting the goals and objectives established in the SPIL.

Evaluation Activities:

Activities to achieve specific objectives have been identified for all goals in the 2005-2007 SPIL Attachment 1. Various entities, including SILC standing committees, ARSA, and the CILs are assigned to these activities, with specific timelines to accomplish each (see Goals and Objectives Section, Attachment 1).

The SILC will review at least quarterly all goals and objectives in the State Plan, tracking accomplishments and adjusting strategies, as necessary. As in previous years, the SILC will develop a chart that will serve as a checklist for tracking the status of State Plan goals. This information will be used to determine which goals in the State Plan are being met, which may require the SILC's technical assistance, and which should be amended.

The SILC evaluation plan includes verbal reports from the ILRS Program and the CIL representative during each Council meeting. These reports serve a two-fold purpose: to provide a way for Council members to gain an understanding of current activities, goals and developments within each entity, while providing an opportunity to foster improved communication among concerned parties.

During the 2001-2004 SPIL cycle, the SILC conducted several activities to assess the efficacy of CIL programs. Among these were a review of 704 data, center-specific consumer satisfaction survey summaries, and contract reporting documents. The SILC's Assessment Subcommittee met with center directors to identify programmatic opportunities, explore and share consumer satisfaction approaches, and discover more effective ways to measure center outcomes in the future.

Effectiveness of services and programs provided by the CILs will continue to be reviewed and monitored by the respective CIL boards of directors. Methods and strategies for program evaluation will be contained in their Title VII Part C grant applications and reviewed and monitored by the Federal RSA Office of Special Education and Rehabilitation (OSERS).

In an effort to meet the statutory requirement that the SILC not be established as an entity within a state agency, the SILC established not-for-profit corporate status in 2003. Since that time, the SILC has developed sound fiscal policies to be implemented during the next SPIL reporting cycle.

The SILC develops, adopts and controls its own budget, and will continue to track areas that may need attention. There will be an ongoing evaluation of the SILC resource plan and operating budget by the SILC Executive Director, SILC Treasurer, and Executive Committee.

ARSA will conduct customer satisfaction surveys of the Chapter 1 Independent Living Rehabilitation Services (ILRS) program. The survey participants will include both successful and unsuccessful closures for the federal fiscal year. Respondents consist of customers from each primary disability group, each major ethnic population, and all age ranges.

The survey results will continue to be shared with the ILRS counselors at their quarterly meetings, and analyzed in light of their perceptions of the results. Using this method, ILRS counselors, supervisors, and administrative staff will identify potential problem areas and collectively develop strategies to address them.

ARSA will continue ongoing case reviews at the field office level. Program managers will routinely review ILRS cases for adherence to policy and financial guidelines and rules. At the statewide level, the ILRS coordinator and the Section Manager for Services to the Blind are responsible for evaluating expenditures, statewide effectiveness of services, and collecting data on independent living programs. The ARSA administrator and ILRS coordinator will report quarterly at the full SILC meetings, allowing SILC members to evaluate ARSA activities and projects in light of current SPIL goals and objectives.

The ARSA Independent Living Rehabilitation Services (ILRS) coordinator will evaluate statewide ILRS service delivery, including monitoring of expenditures and service delivery. In cooperation with DES Systems and Programming staff, ARSA will continue to gather a combined data report for 704 reporting purposes.